PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

16074782

		CLAIMS AS	Column		(Column 2)			SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			34					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			34 minus 20=		• 14			X\$ 9=		OR	X\$18=	252
INDEPENDENT CLAIMS			3 minus 3 =		• —			X42=		OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM P					+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2		TOTAL		OR	TOTAL	992
CLAIMS AS AMENDED - PART II								لـــــبـــــــــــــــــــــــــــــــ		OTHER		
(Column 1)						(Column 3)		SMALLE	NTITY	OR	SMALL	NTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 36	Minus	**	34	- 2		X\$ 9=		OR	X\$18=	36
	Independent	* 3	Minus	***	7	-	ł	X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=										OR	+280=	
TOTAL										OR	TOTAL ADDIT, FEE	
			ADDIT. FEE		,	AUUII. PEE						
AMENDMENT B		(Column 1) CLAIMS		(Colui	EST	(Column 3)	7 (ADDI-			ADDI-
		REMAINING AFTER AMENDMENT		PREVE	BER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		•]]	X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	STAIDEAD	CL AINA	-	1	X42=		OR	X84=	
	FINST PRESE	NIATION OF MI	DETIFIE DE	PENDENI	CLAIM]	+140=		OR	+280=	
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		J (65 t		-		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		-] [X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		-]	X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Un		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE	
		ber Previously Pa						ind in the app	ropriate box	in co	lumn 1.	